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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket No. (Optional) 102964-0002						
<p>In re Application of      Kirsten Lambertsen</p> <table border="1"> <tr> <td>Application Number 09/939,938-Conf. #4041</td> <td>Filed August 27, 2001</td> </tr> <tr> <td colspan="2">For: VIRTUAL MAKEOVER SYSTEM AND METHOD</td> </tr> <tr> <td>Art Unit      2672</td> <td>Examiner      F. Fouladi Semnani</td> </tr> </table>			Application Number 09/939,938-Conf. #4041	Filed August 27, 2001	For: VIRTUAL MAKEOVER SYSTEM AND METHOD		Art Unit      2672	Examiner      F. Fouladi Semnani
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For: VIRTUAL MAKEOVER SYSTEM AND METHOD								
Art Unit      2672	Examiner      F. Fouladi Semnani							

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

One month (37 CFR 1.17(a)(1))

**RECEIVED**

\$ 110.00

Two months (37 CFR 1.17(a)(2))

MAR 22 2004

\$

Three months (37 CFR 1.17(a)(3))

\$

Four months (37 CFR 1.17(a)(4))

\$

Five months (37 CFR 1.17(a)(5))

\$

Technology Center 2600

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141449

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number \_\_\_\_\_

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 44,238

March 16, 2004

Date

Signature

(617) 439-2000

Telephone Number

Lisa J. Michaud

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

**One Month Request for Extension of Time Under 37 CFR 1.136(a)**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 16, 2004

Signature:

(Lisa J. Michaud)